

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rainaldo Rey  
Name

(2) 560 NW 111 AVE Apt 101  
Address (number and street)  
Sweetwater, FL 33172  
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

04/10/23

APR 11 11:16 AM

Check here if address has changed

(3) ID Number: Group 7

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner Group 7
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 03 / 01 / 2023 To 03 / 31 / 2023 Report Type: MO3-2023

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$        , 7 , 550 . 00

Loans                    \$        ,        , 0 .       

Total Monetary      \$        , 7 , 550 . 00

In-Kind                \$        ,        , 0 .       

### (7) Expenditures This Report

Monetary Expenditures      \$        , 1 , 182 . 49

Transfers to Office Account      \$        ,        , 0 .       

Total Monetary      \$        , 1 , 182 . 49

### (8) Other Distributions

\$        ,        , 0 .       

### (9) TOTAL Monetary Contributions To Date

\$        , 10 , 750 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 1 , 382 . 49

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Rainaldo Rey  
 Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

**X** [Signature]  
Signature

(Type name) Rainaldo Rey  
 Candidate     Chairperson (only for PC and PTY)

**X** [Signature]  
Signature

**RECEIVED**  
04/10/23

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Reina Ido Rey

(2) I.D. Number Group 7

(3) Cover Period 03 / 01 / 2023 through 03 / 31 / 2023

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) = I:16A Amount
(6) Sequence Number					
03/02/2023	33.3 MEDIX 1430 SW 152 PL Miami, FL 33194	Promotion ITEMS.	CAN		\$1,822.49
1					
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

**RECEIVED**  
04/10/23

(1) Name Reinaldo Rey

(2) I.D. Number Group 7

(3) Cover Period 03 / 01 / 2023 through 03 / 31 / 2023 (4) Page 1 of 2

APR 11:17 AM

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
03 / 01 / 2023 1	GOMEZ & SON FENCE PO Box 226915 MIAMI, FL 33222	B	Business owner	CHE			\$1,000.00
03 / 08 / 2023 2	Fighting for Florida's Families PC 2600 S Douglas Rd. Coral Gables, FL 33134 St. 900	F	PAC	CHE			\$1,000.00
03 / 03 / 2023 3	NATIONAL HEALTH Transport INC. 2950 NW 7th AVE MIAMI, FL 33127	B	Business owner	CHE			\$1,000.00
03 / 06 / 2023 4	AVIATION MEDICAL EXAMS OF AMERICA LLC 10860 SW 88 St MIAMI, FL 33176 St 8200	B	Business owner	CHE			\$1,600.00
03 / 06 / 2023 5	Ralph Ventura, PA 2355 SALZEDO ST. CORAL GABLES, FL 33134 St 300	I	Attorney	CHE			\$1,000.00
03 / 07 / 2023 6	CARIBE RESTAURANT HIAKHA INC. Operating Acct. 1750 W 68 St. HIAKHA, FL 33612	B	Business owner	CHE			\$1,000.00
3 / 18 / 2023 7	R&R SOLUTIONS USA LLC 5300 SW 97 AVE MIAMI, FL 33165	B	Business owner	CHE			\$500.00

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

**RECEIVED**  
04/10/23  
APR 11:17A

(1) Name Reinaldo Rey (2) I.D. Number Group 7  
 (3) Cover Period 03 / 01 / 2023 through 03 / 31 / 2023 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
3 / 27 / 2023	HARRY HOFFMAN 13950 SW 106 ST MIAMI, FL 33186	I	MDC	CHE			\$50.00
8							
3 / 27 / 2023	USA Dental Inc. 1460 NW 107 AVE STE 97 MIAMI, FL 33172	B	Business owner	CHE			\$250.00
9							
3 / 27 / 2023	1460 Holdings LLC 1460 NW 107 AVE Bldg 1 Doral, FL 33172	B	Business owner	CHE			\$250.00
10							
3 / 23 / 2023	The Truck Depot LLC 10805 NW 23 ST MIAMI, FL 33172	B	Business owner	CHE			\$100.00
11							
3 / 23 / 2023	Shipside International Corp 1301 W Neosport Center Drive Deerfield Beach, FL 33442	B	Business owner	CHE			\$200.00
12							
3 / 23 / 2023	MVC Transportation 10805 NW 23 ST MIAMI, FL 33172	B	Business owner	CHE			\$200.00
13							
1							

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Reinaldo Rey

I.D. Number Group 7

Address (number and street)  
5600 NW 114 AVE Apt. 101

City, State, Zip Code  
MIAMI, FL 33172

CHECK IF ADDRESS HAS CHANGED

RECEIVED  
04/10/23

APR 11:17A

Candidate for:

- Mayor
- Commissioner, District Group 7
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name M03/2023 Cover Period 03/1/2023 through 03/31/2023

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey  
(Type name)  Treasurer  Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey  
(Type name)  Candidate

X

Signature



# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reinaldo Rey  
Name

(2) 560 NW 114 AVE Apt 101  
Address (number and street)

Miami, FL 33172  
City, State, Zip Code

Check here if address has changed

(3) ID Number: Group 7

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Group 7.

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

## (5) Report Identifiers

Cover Period: From 4 / 1 / 2023 To 4 / 7 / 2023 Report Type: G-1

Original  Amendment  Special Election Report

2023

### (6) Contributions This Report

Cash & Checks \$ 3,500.00

Loans \$ 0.00

Total Monetary \$ 3,500.00

In-Kind \$ 0.00

### (7) Expenditures This Report

Monetary Expenditures \$ 400.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 400.00

### (8) Other Distributions

\$ 0.00

### (9) TOTAL Monetary Contributions To Date

\$ 14,250.00

### (10) TOTAL Monetary Expenditures To Date

\$ 1,782.49

## (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Reinaldo Rey

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X [Signature]  
Signature

(Type name) Reinaldo Rey

Candidate  Chairperson (only for PC and PTY)

X [Signature]  
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

RECEIVED  
04/10/23  
aws

(1) Name Rinaldo Ruy (2) I.D. Number Group 7 21135A

(3) Cover Period 04 / 01 / 2023 through 04 / 07 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
04 / 06 / 2023 1	DADE County Police BENEVOLENT ASSC INC 10000 NW 25 ST. MIAMI, FL 33172.	F	PAC.	CHE			\$500.00
04 / 07 / 2023 2	Orion Merchant Solutions Inc. 5200 NW 77 CT. Doral, FL 33166	B	Business Owner	CHE			\$1,000.00
04 / 07 / 2023 3	Orion Flagler 114 5200 NW 77 CT Doral, FL 33166	B	Business owner	CHE			\$1,000.00
04 / 07 / 2023 4	Orion 109 LLC 10900 W FLAGLER ST. MIAMI, FL 33174	B	Business owner	CHE			\$1,000.00
1 / 1							
1 / 1							
1 / 1							

RECEIVED  
04/10/23

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Reinaldo Rey (2) I.D. Number Group 7  
 (3) Cover Period 04/01/2023 through 04/07/2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
04/04/2023	Reca Photo Corp 10620 NW 88 St #107 MIAMI, FL 33178	Photosheet.	CAN		\$400.00
1					
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APR 11 11:36

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

RECEIVED  
04/10/23

APR 11 37A

Name Reinaldo Rey

I.D. Number Group 7

Address (number and street) 560 NW 114 AVE Apt 101

City, State, Zip Code MIAMI, FL 33172

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District Group 7
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name G-1 2023 Cover Period 04/01/2023 through 04/07/2023

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey  
(Type name)  Treasurer  Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey  
(Type name)  Candidate

X

Signature



## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reinaldo Rey  
 Name  
 (2) 500 NW 114 AVE Apt 101  
 Address (number and street)  
Miami, FL 33172  
 City, State, Zip Code

**OFFICE USE ONLY**

ENTERED

4/27/23

APR 27 2023

Check here if address has changed

(4) Check appropriate box(es):  
 Candidate Office Sought: Commissioner Group 7  
 Political Committee (PC)  
 Electioneering Communications Org. (ECO)  
 Party Executive Committee (PTY)  
 Independent Expenditure (IE) (also covers an individual making electioneering communications)

(3) ID Number: Group 7

Check here if PC or ECO has disbanded  
 Check here if PTY has disbanded  
 Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 04 / 08 / 2023 To 04 / 31 / 2023 Report Type: G-2/2023  
 Original       Amendment       Special Election Report

(6) Contributions This Report

Cash & Checks      \$      , 6 , 000 . 00  
 Loans                      \$      ,      , 0 .       
 Total Monetary        \$      , 6 , 000 . 00  
 In-Kind                    \$      ,      , 0 .     

(7) Expenditures This Report

Monetary Expenditures      \$      , 7 , 065 . 00  
 Transfers to Office Account      \$      ,      , 0 .       
 Total Monetary            \$      , 7 , 065 . 00

(8) Other Distributions  
 \$      ,      , 0 .     

(9) TOTAL Monetary Contributions To Date  
 \$      , 20 , 250 . 00

(10) TOTAL Monetary Expenditures To Date  
 \$      , 8 , 847 . 49

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Reinaldo Rey  
 Individual (only for IE or electioneering comm)     Treasurer     Deputy Treasurer  
 X [Signature]  
 Signature

(Type name) Reinaldo Rey  
 Candidate     Chairperson (only for PC and PTY)  
 X [Signature]  
 Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

ENTERED  
4/27/23  
7100P 7

(1) Name Reinaldo Fey (2) I.D. Number 7100P 7

(3) Cover Period 04 / 08 / 2023 through 04 / 21 / 2023 (4) Page 1 of 1

APR 27 2023

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
04 / 10 / 2023	1	Global RER Workforce LLC 801 BRICKELL AVE STE 2360 MIAMI, FL 33131			CHE			\$1,000.00
04 / 10 / 2023	2	University Bridge GP LLC 801 BRICKELL AVE STE 2360 MIAMI, FL 33131			CHE			\$1,000.00
04 / 10 / 2023	3	Collegiate City II, LLC 801 BRICKELL AVE STE 2360 MIAMI, FL 33131			CHE			\$1,000.00
04 / 10 / 2023	4	GCD Envio Cypress, LLC 801 BRICKELL AVE STE 2360 MIAMI, FL 33131			CHE			\$1,000.00
04 / 10 / 2023	5	Global City Development LLC 801 BRICKELL AVE STE 2360 MIAMI, FL 33131			CHE			\$1,000.00
4 / 17 / 2023	6	Miami Realtors. 700 S. Royal Poinciana Blvd Suite 400 MIAMI, FL 33160		Realtors	CHE			\$1,000.00
1 / 1								

ENTERED  
4/27/23

*cul*

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Reinaldo Rey

(2) I.D. Number Group 7 2:25P

(3) Cover Period 04/10/2022 through 04/21/2023

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
04/10/2023 1	Groundswell Strategies 5246 SW 8th Suite 208-C MIAMI, FL 33134	Printing	CAN		\$1,140.00
04/14/2023 2	Margarita Armona 1200 Drexel Ave. MIAMI BEACH, FL 33139	Newspaper Ad	CAN		\$800.00
04/14/2023 3	El Vocero News. 1169 SW 85 Ct MIAMI, FL 33144	Newspaper Ad	CAN		\$500.00
04/14/2023 4	Groundswell Strategies 5246 SW 8th Suite 208-C MIAMI, FL 33134	Printing & Promotional Items	CAN		\$4,365.00
11					
11					
11					
11					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Reinaldo Rey

I.D. Number

Group 7

Address (number and street)

560 NW 114 AVE Apt 101

City, State, Zip Code

Miami, FL 33172

CHECK IF ADDRESS HAS CHANGED



APR 27 2023

*aus*

Candidate for:

Mayor

Commissioner, District Group 7

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area \_\_\_\_\_, Sub-Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name G-3 / 2023 Cover Period 04/22/2023 through 05/04/2023

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey  
(Type name)  Treasurer  Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey  
(Type name)  Candidate

X

Signature





LOYALTY OATH  
FOR CANDIDATES FOR PUBLIC OFFICE  
Sec. 876.05-876.10, 99.021, Florida Statutes

RECEIVED MAR 15 2023

*Handwritten signature*  
MR# 1:34PM

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

I, Reinaldo Rey JR, a citizen of the State of Florida and of the United States of America... and a candidate for public office... do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

CANDIDATE OATH

I, Reinaldo Rey  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)  
am a candidate for the office of Commissioner, Group 7; that I am a qualified elector of Miami-Dade County, Florida; that I am qualified under the Constitution and the laws of Florida and the Charter of the City of Sweetwater to hold the office to which I desire to be nominated or elected; that I have taken the oath required by ss.876.05-876.10, Florida Statutes; that I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with that of the office I seek; and that I have resigned from any office from which I am required to resign pursuant to s.99.012, Florida Statutes.

*Handwritten signature of Reinaldo Rey*

600 NW 114 AVE Apt 101 (786) 897-5165 ( )  
Mailing Address Day Phone Fax Number  
Sweetwater FL 33172  
City State Zip Code  
3/15/2023  
Date Signed

Candidate's Voter Registration Number (located on the Voter Registration card) 116375287

\*Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (See instructions on page 2 of this form):

Ray-nal-doe Ray

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

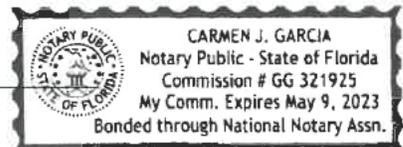
Sworn to (or affirmed) and subscribed before me this 15<sup>th</sup> day of March, 2023.

Personally known  or

*Handwritten signature of Notary Public*  
Signature of Notary Public

Produced Identification

Type of Identification Produced: FDC



*aj* MR 1:34P



**AFFIDAVIT OF CANDIDATE  
CITY OF SWEETWATER, FLORIDA  
STATE OF FLORIDA  
COUNTY OF MIAMI-DADE  
CITY OF SWEETWATER**

Reinaldo Rey JR (herein after "Affiant"), being first duly sworn deposes and says:

1. My name is Reinaldo Rey JR.

2. I am offering myself as a candidate for the office of Commissioner Group 7 of the City of Sweetwater, Florida in  group 7 or  the office of mayor.

3. I am a duly registered voter and elector and a qualified resident of the City of Sweetwater.

4. I have continuously resided in the City of Sweetwater for since [CLERK TO INSERT APPLICABLE DATE] (hereinafter the "Residency Date").

5. I currently reside at 560 NW 114 AVE Apt 101 Sweetwater, FL 33172, which is my legal address and have resided continually at said address from June 1<sup>st</sup>, 2019 through the date hereof.

6. Prior to my current residence, I have resided at the following addresses:

11201 NW 2<sup>nd</sup> St Sweetwater, FL 33172  
\_\_\_\_\_  
\_\_\_\_\_

7. Since the Residency Date my spouse has resided at the following addresses:

560 NW 114 AVE Apt 101 Sweetwater, FL 33172  
\_\_\_\_\_  
\_\_\_\_\_

8. I am a Citizen of the United States of America.

9. I do not currently hold any elected or appointed office that would require my resignation under § 99.012, Florida Statutes or I have resigned my position as provided in said statute.

Affiant:

*Reinaldo Rey JR*  
Reinaldo Rey JR.

RECEIVED MAR 15 2023

*awj*  
MR 15 1:34PM

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, by Reinaldo Rey Jr who is

Is personally known or

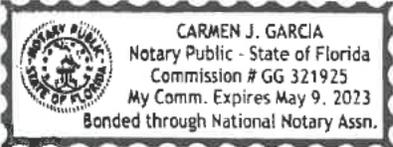
Presented to me a valid identification: FDL

WITNESS my hand and official seal in the County and State last aforesaid this 15<sup>th</sup> day of March, 2023

*[Handwritten Signature]*

NOTARY PUBLIC,  
State of Florida

My commission expires: May 9, 2023



**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2022**

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

*Handwritten signature*  
MR 1:34P

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Rey Jr, Reinaldo

MAILING ADDRESS :

560 NW 114 AVE Apt 101

CITY :

Sweetwater

ZIP :

33172

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

City of Sweetwater

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Commissioner Group 7

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

RECEIVED MAR 15 2023

\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Self-Employed	560 NW 114 AVE Apt 101 Sweetwater, FL 33172	Electrician.
City of Sweetwater	500 SW 109 AVE, Sweetwater, FL 33174	Commissioner

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

N/A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

RECEIVED MAR 15 2023

MR 2 1:34 PM

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

N/A

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

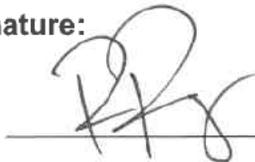
**PART G — TRAINING** For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:

3/15/2023

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. It will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

**DECLARATION AND FIRST AMENDMENT WAIVER  
FOR CANDIDATES WHO AGREE TO COMPLY WITH  
THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

*avg*  
MAR 15 1:34PM

**VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES**

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

1. I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
4. I shall not, without just cause, attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

**BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO**

- **ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,**
- **SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND**
- **WAIVE MY FIRST AMENDMENT RIGHTS.**

I, Reinaldo Rey JR, a candidate for the office of  
please print your name  
Commissioner Group 7 in MIAMI DADE  
elective office sought City of Sweetwater  
county, municipality, or other jurisdiction

agree to abide by the *voluntary* Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the *voluntary* Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the *voluntary* Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is *voluntary*, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the *voluntary* nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the *voluntary* Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

x   
 Signature

3/15/2023  
 Date

*[Handwritten signature]*  
MR 1:35PM

**DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED**  
by the **Mandatory Provisions** of the  
**Miami-Dade Ethical Campaign Practices Ordinance**  
Miami-Dade County Code at 2-11.1.1(C) (1)

The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (b) With actual malice publish, or cause to be published, by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged, by any means, any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; *or*
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, Renaudo Rey JR, a candidate for the office of  
please print your name

Commissioner Group 7 in Miami, Dade  
elective office sought county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x *[Signature]*  
**Signature**

3/15/2023  
**Date**

RECEIVED MAR 15 2023

*Handwritten signature*

MR 1:35 PM

**Florida DRIVER LICENSE**

**R000-720-89-256-0**

1 REY  
 3 REINALDO, JR  
 6560 NW 114TH AVE APT 101  
 MIAMI, FL 33172

2 DOB 07/16/1989 SEX M  
 4b EXP 07/16/2023 15 HGT 5'-05"  
 12 REST A 9a END NONE

SAFE DRIVER  
 4a DS 06/21/2019  
 500 S071906210121

Operation of a motor vehicle constitutes consent to any sobriety test required by law.




RECEIVED MAR 15 2023

*Handwritten signature*

MR 1:35PM

**We the People**

*Of the United States,  
in Order to form a more perfect Union,  
establish justice, insure domestic Tranquillity,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.*




*Handwritten signature: R. Rey*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

---

**PASSPORT PASSEPORT PASAPORTE**

**UNITED STATES OF AMERICA**

Type / Type / Tipo: P Code / Code / Código: USA Passport No. / No. du Passeport / No. de Pasaporte: [REDACTED]

Surname / Nom / Apellido: **REY JR**

Given Names / Prénoms / Nombres: **REINALDO**

Nationality / Nationalité / Nacionalidad: **UNITED STATES OF AMERICA**

Date of birth / Date de naissance / Fecha de nacimiento: **16 Jul 1989**

Place of birth / Lieu de naissance / Lugar de nacimiento: **FLORIDA, U.S.A.**

Date of issue / Date de délivrance / Fecha de expedición: **01 Sep 2010**

Date of expiration / Date d'expiration / Fecha de caducidad: **31 Aug 2020**

Endorsements / Mentions Spéciales / Anotaciones: **SEE PAGE 27**

Sex / Sexe / Sexo: **M**

Authority / Autorité / Autoridad: **United States Department of State**



**USA**

RECEIVED MAR 15 2023

*and*

MR 1:35 PM

**CONCEALED WEAPON OR FIREARM LICENSE**  
STATE OF FLORIDA



REY, REINALDO JR

BIRTH DATE SEX RACE

07/16/1989 M W

EXPIRES

12/21/2026

The above named individual is licensed by the Department of Agriculture and Consumer Services, Division of Licensing in accordance with Section 750.04, Florida Statutes.

*Nicole Fried*  
NICOLE "NIKKI" FRIED  
COMMISSIONER



Electric Bill Statement

For: Jan 25, 2023 to Feb 23, 2023 (29 days)

Statement Date: Feb 23, 2023

Account Number: 07192-93599

Service Address:

560 NW 114TH AVE APT 101  
MIAMI, FL 33172

*Handwritten signature*  
MR 1:35PM

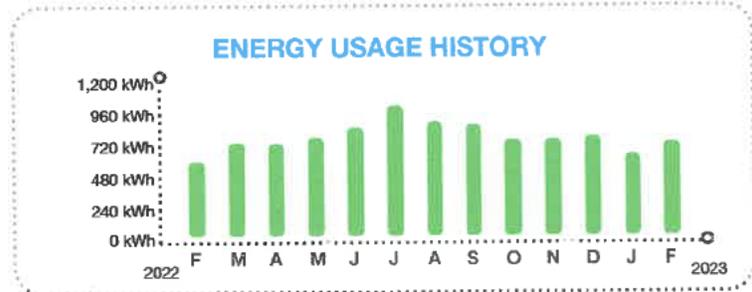
Hello Reinaldo Rey Jr,  
Here's what you owe for this billing period.

**CURRENT BILL**

**\$120.16**  
TOTAL AMOUNT YOU OWE

**Mar 16, 2023**  
NEW CHARGES DUE BY

Stay on Budget Billing to avoid seasonal bill spikes. Visit [FPL.com/BBcustomer](http://FPL.com/BBcustomer)



**BILL SUMMARY**

Amount of your last bill	119.58
Payments received	-119.58
Balance before new charges	0.00
Total new charges	120.16
<b>Total amount you owe</b>	<b>\$120.16</b>

**FPL automatic bill pay - DO NOT PAY**

(See page 2 for bill details.)

**KEEP IN MIND**

- Payments received after March 16, 2023 are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The amount due on your account will be drafted automatically on or after March 06, 2023. If a partial payment is received before this date, only the remaining balance due on your account will be drafted automatically.

New February rates are in effect. State regulators are reviewing FPL's plan for fuel and storm costs that would take effect in April. Learn more at [FPL.com/Rates](http://FPL.com/Rates).

Customer Service: (305) 442-8770  
Outside Florida: 1-800-226-3545

Report Power Outages: 1-800-4OUTAGE (468-8243)  
Hearing/Speech Impaired: 711 (Relay Service)

/ 3\* FPL AUTOMATIC BILL PAY - DO NOT PAY \*



The amount enclosed includes the following donation:  
**FPL Care To Share:** \_\_\_\_\_

Make check payable to FPL in U.S. funds and mail along with this coupon to:

REINALDO REY JR  
560 NW 114TH AVE APT 101  
MIAMI FL 33172-3580

FPL  
GENERAL MAIL FACILITY  
MIAMI FL 33188-0001

Visit [FPL.com/PayBill](http://FPL.com/PayBill) for ways to pay.

07192-93599  
ACCOUNT NUMBER

\$120.16  
TOTAL AMOUNT YOU OWE

Mar 16, 2023  
NEW CHARGES DUE BY

\$ Auto pay - DO NOT PAY  
AMOUNT ENCLOSED

**PAYMENT DATE**  
03/15/2023  
**COLLECTION STATION**  
License Department  
**RECEIVED FROM**  
REINALDO REY  
CAMPAIGN ACCT  
**DESCRIPTION**  
MISCELLANENOUS INCOME/ CITY QUALIFYING FEE/ CHECK 101

**City of Sweetwater**  
500 S.W. 109th Avenue  
Sweetwater, FL 33174

**BATCH NO.**  
2023-00001188  
**RECEIPT NO.**  
2023-00008079  
**CASHIER**  
Anna Martinez



PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT														
Misc Income	Miscellaneous Income MISCELLANENOUS INCOME/ CITY QUALIFYING FEE/ CHECK 101	\$75.00														
<table border="1"> <tr> <td>Total Cash</td> <td>\$0.00</td> </tr> <tr> <td>Total Check</td> <td>\$75.00</td> </tr> <tr> <td>Total Charge</td> <td>\$0.00</td> </tr> <tr> <td>Total Other</td> <td>\$0.00</td> </tr> <tr> <td>Total Remitted</td> <td>\$75.00</td> </tr> <tr> <td>Change</td> <td>\$0.00</td> </tr> <tr> <td>Total Received</td> <td>\$75.00</td> </tr> </table>		Total Cash	\$0.00	Total Check	\$75.00	Total Charge	\$0.00	Total Other	\$0.00	Total Remitted	\$75.00	Change	\$0.00	Total Received	\$75.00	
Total Cash	\$0.00															
Total Check	\$75.00															
Total Charge	\$0.00															
Total Other	\$0.00															
Total Remitted	\$75.00															
Change	\$0.00															
Total Received	\$75.00															
<b>Total Amount:</b>		<b>\$75.00</b>														

**PAYMENT DATE**  
03/15/2023  
**COLLECTION STATION**  
License Department

**City of Sweetwater**  
500 S.W. 109th Avenue  
Sweetwater, FL 33174

**BATCH NO.**  
2023-00001188  
**RECEIPT NO.**  
2023-00008071  
**CASHIER**  
Anna Martinez

**RECEIVED FROM**  
REINALDO REY  
CAMPAIGN ACCT



**DESCRIPTION**  
MISCELLANEOUS REFUNDABLE BOND/ STATE ASSESSMENT FEE % CHECK 102

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT														
Campaign Bond	Miscellaneous Refundable Bond MISCELLANEOUS REFUNDABLE BOND/ STATE ASSESSMENT FEE % CHECK 102	\$299.03														
<table border="1"> <tr> <td>Total Cash</td> <td>\$0.00</td> </tr> <tr> <td>Total Check</td> <td>\$299.03</td> </tr> <tr> <td>Total Charge</td> <td>\$0.00</td> </tr> <tr> <td>Total Other</td> <td>\$0.00</td> </tr> <tr> <td>Total Remitted</td> <td>\$299.03</td> </tr> <tr> <td>Change</td> <td>\$0.00</td> </tr> <tr> <td>Total Received</td> <td>\$299.03</td> </tr> </table>		Total Cash	\$0.00	Total Check	\$299.03	Total Charge	\$0.00	Total Other	\$0.00	Total Remitted	\$299.03	Change	\$0.00	Total Received	\$299.03	
Total Cash	\$0.00															
Total Check	\$299.03															
Total Charge	\$0.00															
Total Other	\$0.00															
Total Remitted	\$299.03															
Change	\$0.00															
Total Received	\$299.03															
<b>Total Amount:</b>		<b>\$299.03</b>														

63-8776 1 2870 102

REINALDO REY CAMPAIGN ACCOUNT  
560 NW 114TH AVE APT 101  
MIAMI, FL 33172

Pay to the order of  
City of Sweetwater \$ 299.00

Two Hundred Ninety Nine <sup>03</sup>/<sub>100</sub>

Interamerican Bank <sup>FSB</sup>  
9190 CORAL WAY  
MIAMI, FLORIDA 33166

ASSESSMENT FEE

⑆ 26 708 7 76 9 ⑆ 0 1500689 1 3110 102

Heat Reactive Ink

63-8776 1 2870 101

REINALDO REY CAMPAIGN ACCOUNT  
560 NW 114TH AVE APT 101  
MIAMI, FL 33172

Pay to the order of  
City of Sweetwater \$ 75.00

SEVENTY FIVE <sup>05</sup>/<sub>100</sub>

Interamerican Bank <sup>FSB</sup>  
9190 CORAL WAY  
MIAMI, FLORIDA 33166

CANDIDATE CITY FEE

⑆ 26 708 7 76 9 ⑆ 0 1500689 1 3110 101

Heat Reactive Ink

RECEIVED JAN 26 2023

JAN 3 15

*awf*

# APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

### 1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)

3. Address (include post office box or street, city, state, zip code)

4. Telephone

5. E-mail address

( )

6. Office sought (include district, circuit, group number)

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

11. Mailing Address

12. Telephone

( )

13. City

14. County

15. State

16. Zip Code

17. E-mail address

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank

20. Address

INTERAMERICAN BANK

9190 Coral Way

21. City

22. County

23. State

24. Zip Code

Miami

MIAMI-DADE

FL

33165

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

26. Signature of Candidate

1/26/2023

X *[Signature]*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Reinaldo Rey JR, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

1/26/2023

X

*[Signature]*

Signature of Campaign Treasurer or Deputy Treasurer

Date

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

RECEIVED JAN 03 2023

*[Handwritten Signature]*  
JAN 3:07P

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

2. Name of Candidate (in this order: First, Middle, Last)      3. Address (include post office box or street, city, state, zip code)

Reinaldo Rey JR

560 NW 114 AVE Apt. 101  
Sweetwater, FL 33172

4. Telephone      5. E-mail address  
(786) 897-5165      reyreyjr21@gmail.com

6. Office sought (include district, circuit, group number)  
Group 7

7. If a candidate for a nonpartisan office, check if applicable:  
 My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a  
 Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer  
Reinaldo Rey JR

11. Mailing Address      12. Telephone  
560 NW 114 AVE Apt 101      (786) 897-5165

13. City      14. County      15. State      16. Zip Code      17. E-mail address  
Sweetwater      Miami-Dade      FL      33172      reyreyjr21@gmail.com

18. I have designated the following bank as my  Primary Depository     Secondary Depository

19. Name of Bank      20. Address  
Wells Fargo      10781 W Flagler St.

21. City      22. County      23. State      24. Zip Code  
Miami      Miami-Dade      FL      33174

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

25. Date      26. Signature of Candidate  
1/3/2023      X *[Signature]*

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)  
I, Reinaldo Rey JR, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.  
1/3/2023      X *[Signature]*  
Date      Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

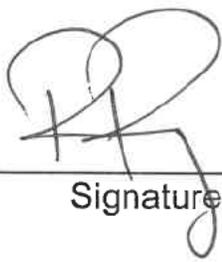
(Please print or type)

OFFICE USE ONLY

RECEIVED JAN 03 2023

*[Handwritten signature]*  
JAN 3:07P

I, Rinaldo Rey JR,  
candidate for the office of City of Sweetwater Commissioner Group 7 ;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X   
Signature of Candidate

1/3/2023  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reinaldo Rey JR  
Name

(2) 560 NW 114 AVE Apt 101  
Address (number and street)

Sweetwater, FL 33172  
City, State, Zip Code

Check here if address has changed

**OFFICE USE ONLY**

FE-10:26

(3) ID Number: Group 7

(4) Check appropriate box(es):

Candidate Office Sought: City Commissioner Group 7

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 1 / 1 / 2023 To 1 / 31 / 2023 Report Type: M 6/1/2023

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 200 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 200 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 200 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 200 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 200 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 200 . 00

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Reinaldo Rey JR  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

RRJ  
Signature

(Type name) Reinaldo Rey JR  
 Candidate  Chairperson (only for PC and PTY)

RRJ  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Reinaldo Rey (2) I.D. Number Group 7

FE-10:26A

(3) Cover Period 1 / 1 / 2023 through 1 / 31 / 2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
1, 31, 2023	Nelson Mendez		County Bus/Transit Mechanic	CHE			\$200.00
1	3119 SW 141 AVE Miami, FL 33177	I					
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

FE-10:26

### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Reinaldo Rey (2) I.D. Number Group 7  
 (3) Cover Period 1/1/2023 through 1/31/2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1/31/2023	City of Sweetwater 500 SW 109 Ave Sweetwater, FL 33174	Sign Bond	MON		\$ 200.00
1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

FE-10:26

**PAYMENT DATE**  
01/31/2023  
**COLLECTION STATION**  
License Department

**City of Sweetwater**  
500 S.W. 109th Avenue  
Sweetwater, FL 33174

**BATCH NO.**  
2023-00000313  
**RECEIPT NO.**  
2023-00003083  
**CASHIER**  
Anna Martinez

**RECEIVED FROM**  
REINALDO REY  
CAMPAIGN ACCT  
**DESCRIPTION**  
REINALDO REY SIGN BOND



PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT														
Campaign Bond	Miscellaneous Refundable Bond REINALDO REY SIGN BOND/ CHECK 98	\$200.00														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Total Cash</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total Check</td> <td style="text-align: right;">\$200.00</td> </tr> <tr> <td>Total Charge</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total Other</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total Remitted</td> <td style="text-align: right; border-top: 1px solid black;">\$200.00</td> </tr> <tr> <td>Change</td> <td style="text-align: right; border-top: 1px solid black;">\$0.00</td> </tr> <tr> <td>Total Received</td> <td style="text-align: right; border-top: 1px solid black;">\$200.00</td> </tr> </table>	Total Cash	\$0.00	Total Check	\$200.00	Total Charge	\$0.00	Total Other	\$0.00	Total Remitted	\$200.00	Change	\$0.00	Total Received	\$200.00	
Total Cash	\$0.00															
Total Check	\$200.00															
Total Charge	\$0.00															
Total Other	\$0.00															
Total Remitted	\$200.00															
Change	\$0.00															
Total Received	\$200.00															
	<b>Total Amount:</b>	<b>\$200.00</b>														

Ronaldo Rey Campaign Account  
260 NW 114 AVE Apt 101  
Sweetwater, FL 33172

63-8776/2670

9E

DATE 1/31/2023

0 EXPIRES VALUE ON DEPOSIT

PAY TO THE ORDER OF City of Sweetwater \$ 200.00  
Two Hundred <sup>00</sup>/<sub>100</sub> DOLLARS

**IB** Interamerican Bank FSB  
9190 CORAL WAY  
MIAMI, FLORIDA 33166

MEMO Sign Bond

MP

⑆ 26 708 776 9 ⑆ 0 1500689 13 ⑆ 0098

SPEEDY TELLER

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reinaldo Rey  
Name

(2) 560 NW 114 AVE Apt 101  
Address (number and street)

Sweetwater, FL 33172  
City, State, Zip Code

OFFICE USE ONLY

MR 3.35P

ENTERED  
3/2/23

Check here if address has changed

(3) ID Number: Group 7

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Group 7

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 02/01/2023 To 02/28/2023 Report Type: MO2/2023

Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks      \$      ,   3   ,   000   .   000  

Loans                      \$      ,      ,   0   .   0  

Total Monetary      \$      ,   3   ,   000   .   00  

In-Kind                    \$      ,      ,   0   .   0  

**(7) Expenditures This Report**

Monetary Expenditures      \$      ,      ,   0   .   0  

Transfers to Office Account      \$      ,      ,   0   .   0  

Total Monetary      \$      ,      ,   0   .   0  

**(8) Other Distributions**

\$      ,      ,   0   .   0  

**(9) TOTAL Monetary Contributions To Date**

\$      ,   3   ,   000   .   00  

**(10) TOTAL Monetary Expenditures To Date**

\$      ,      ,   200   .   00  

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Reinaldo Rey

Individual (only for IE or electioneering comm.)       Treasurer       Deputy Treasurer

**X** [Signature]  
Signature

(Type name) Reinaldo Rey

Candidate       Chairperson (only for PC and PTY)

**X** [Signature]  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Reinaldo Rey (2) I.D. Number Group 7  
 (3) Cover Period 02/01/2023 through 02/28/2023 (4) Page 1 of 1

RECEIVED  
3/2/23

8

NR-335

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
02/13/2023 1	109 Mini Market 10916 W Flagler St Ste 105 Miami, FL 33174	B	Business owner	CHE			\$500.00
02/13/2023 2	Smokin Spades 11180 W Flagler St Suite 706 Miami, FL 33174	B	Business owner	CHE			\$500.00
02/16/2023 3	DADE First PC 2100 Salzedo St St. 700 Coral Gables, FL 33124	F	PAC	CHE			\$1000.00
02/16/2023 4	A Bolder Florida PC 2600 S Douglas Rd Ste 900 Coral Gables, FL 33134	F	PAC	CHE			\$1000.00
1/1							
1/1							
1/1							



**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Reinaldo Rey

(2) I.D. Number Group 7

(3) Cover Period 02 / 01 / 2023 through 02 / 28 / 2023

(4) Page 1 of 1

*Handwritten signature*

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
/ /						
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NR-1 3:36

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
PAID CAMPAIGN WORKERS PARTICIPATING  
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Reinaldo Rey

I.D. Number

Group 7

Address (number and street)

560 NW 114 AVE Apt 101

City, State, Zip Code

Sweetwater, FL 33172

CHECK IF ADDRESS HAS CHANGED

ENTERED  
3/2/23

MR - 3336F

Candidate for:

Mayor

Commissioner, District Group 7

Property Appraiser

Clerk of the Circuit Courts

Community Council, Area \_\_\_\_\_, Sub Area \_\_\_\_\_

REPORT IDENTIFIERS

Report Name M02/2023 Cover Period 02-01-2023 through 02-28-2023

Report Type  Original  Amendment

CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey  
(Type name)  Treasurer  Deputy Treasurer

X [Signature]  
Signature

I certify that I have examined this report and it is true, correct, and complete.

Reinaldo Rey  
(Type name)  Candidate

X [Signature]  
Signature

